

Name  
in  
Full

John M. Aker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

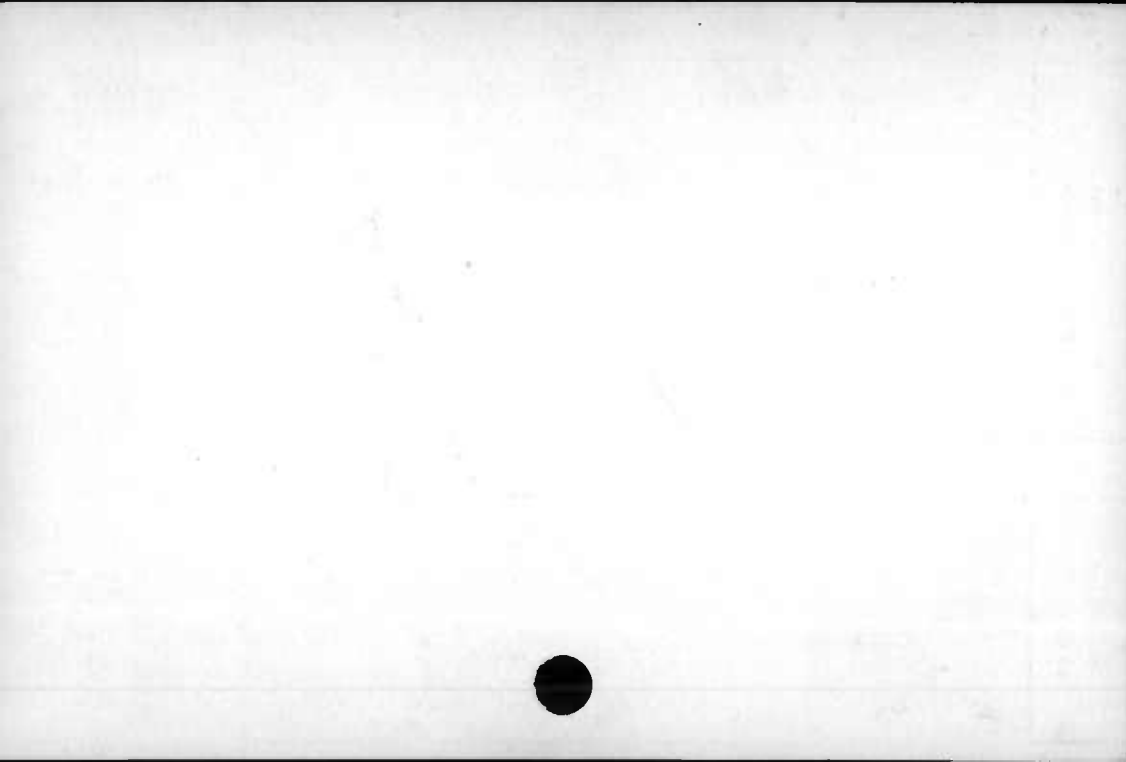
Died at <i>Queensdown</i>		County <i>2 A.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>24</i>	Age <i>61</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>2 A. Co</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Queensdown</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or <i>Aker</i>				
Father's Name <i>Michael, Aker.</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace				
Name of person giving information <i>J. M. Aker.</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary <i>Gastroenteric tuberculosis</i>	How long <i>Twelve years</i>
Immediate <i>Exhaustion</i>	How long <i>Twelve hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ronald H. Ford</i>
	Address <i>Queensdown, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Francis A. Bartlett Jr

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Mlloughby<sup>County</sup> Tunnaw

Date

of death 190

Month

11

Day

25

Age

Years

37

Months

4

Days

8

Sex

male

Color or  
Race

Caucasian

Birth-  
place

Tunnaw Co

Occupation

Farmer

Where Residing if not  
at place of death

Place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Mrs Emma Drake Bartlett

Father's  
Name

Francis A. Bartlett Jr

Father's  
Birthplace

Caroline Co

Mother's  
Maiden Name

Martha Drack

Mother's  
Birthplace

Caroline Co

Name of person giving  
information

Mrs Mary C Anthony

How related  
to deceased

Sister

## CAUSES OF DEATH

1

Primary

Typhoid Fever

How long

4 weeks

Immediate

Perforated Bowel

How long

10 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

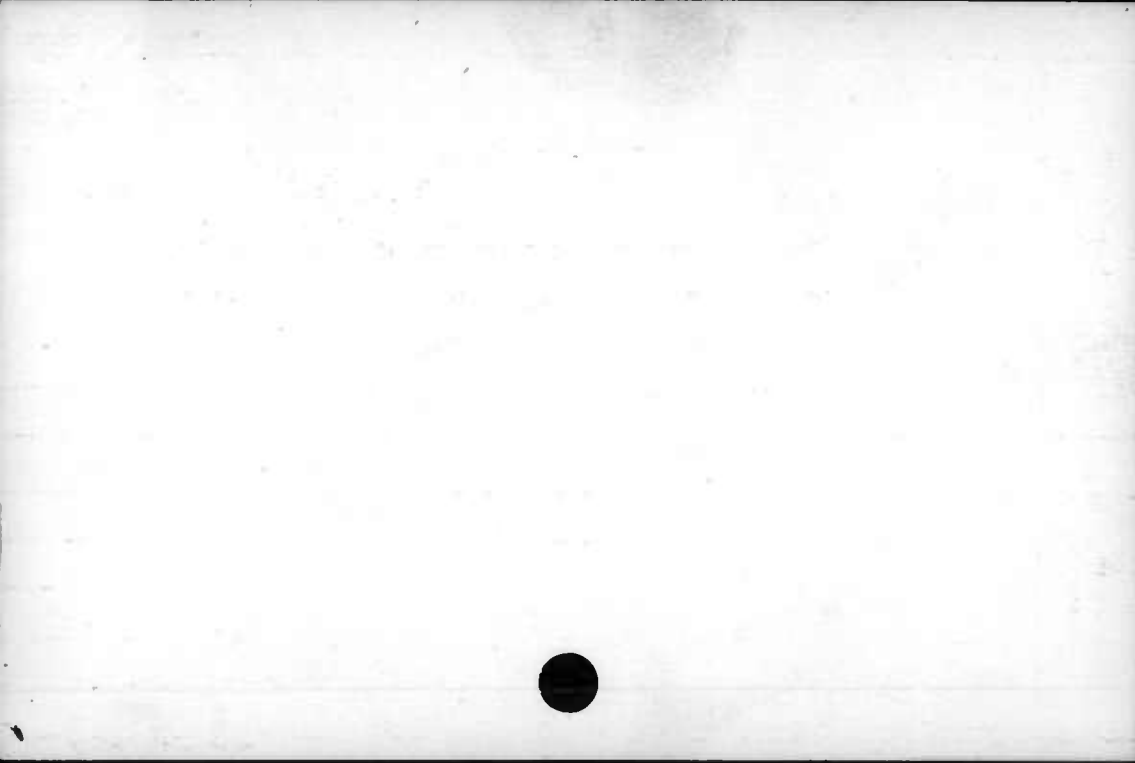
Monte Carlo MD

Centerville  
Maryland

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Rayfield Bunnery

## CERTIFICATE OF DEATH

Died at <i>Spaniards Neck</i> <sup>Town</sup> <i>Queen Anne</i> <sup>County</sup> <i>MARYLAND</i>	
Date of death <i>1907</i> <sup>Month</sup> <i>11</i> <sup>Day</sup> <i>7</i> <sup>Years</sup> <i>6</i> <sup>Months</sup> <i></i> <sup>Days</sup> <i></i>	
Sex <i>male</i> <sup>Color or Race</sup> <i>Caucasian</i> <sup>Birth-place</sup> <i>Spaniards Neck</i>	
Occupation <i></i> <sup>Where Residing if not at place of death</sup> <i></i>	
Married, Single or Widowed <i></i> <sup>Name of Wife or Husband</sup> <i></i>	
Father's Name <i>Joseph R. Bunnery</i> <sup>Father's Birthplace</sup> <i>Balto. Md.</i>	
Mother's Maiden Name <i>Margaret Hicks</i> <sup>Mother's Birthplace</sup> <i>Tallbot Co. Md.</i>	
Name of person giving information <i>Joseph R. Bunnery</i> <sup>How related to deceased</sup> <i>Father</i>	

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

104

Primary <i>Acute Indigestion</i> <sup>How long</sup> <i></i>	
Immediate <i></i> <sup>How long</sup> <i>20 hours</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Woodford</i>
<i>No Physician</i> <sup>Address</sup> <i>Sub Registrar</i>	
Accident or Suicide? <i>No</i>	

PHYSICIAN  
OR CORONER

*[Faint handwritten notes]*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

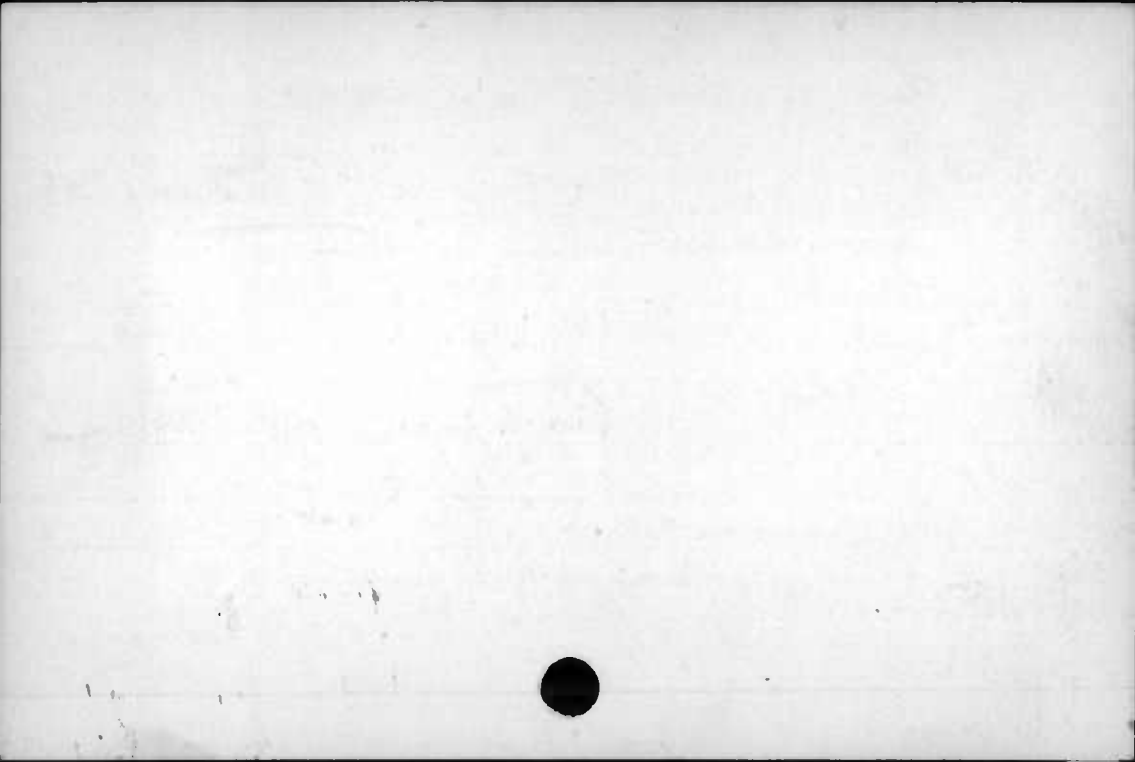
Name in Full <i>Simon L. Boardley</i>		Town <i>Barclay</i>		County <i>Inver Arne</i>		MARYLAND	
Died at <i>Barclay</i>		Month <i>11</i>		Day <i>19</i>		Age <i>54</i>	
Date of death <i>1907</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>- Can't find out</i>					
Father's Name <i>Simon J. Boardley</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Southdown</i>					
Name of person giving information <i>Mary Price</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Phthisis -</i>	How long <i>one year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Smith.</i>
	Address <i>Templerville Md.</i>
Accident or Suicide?	





Name  
in  
Full

Malisa Cahall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

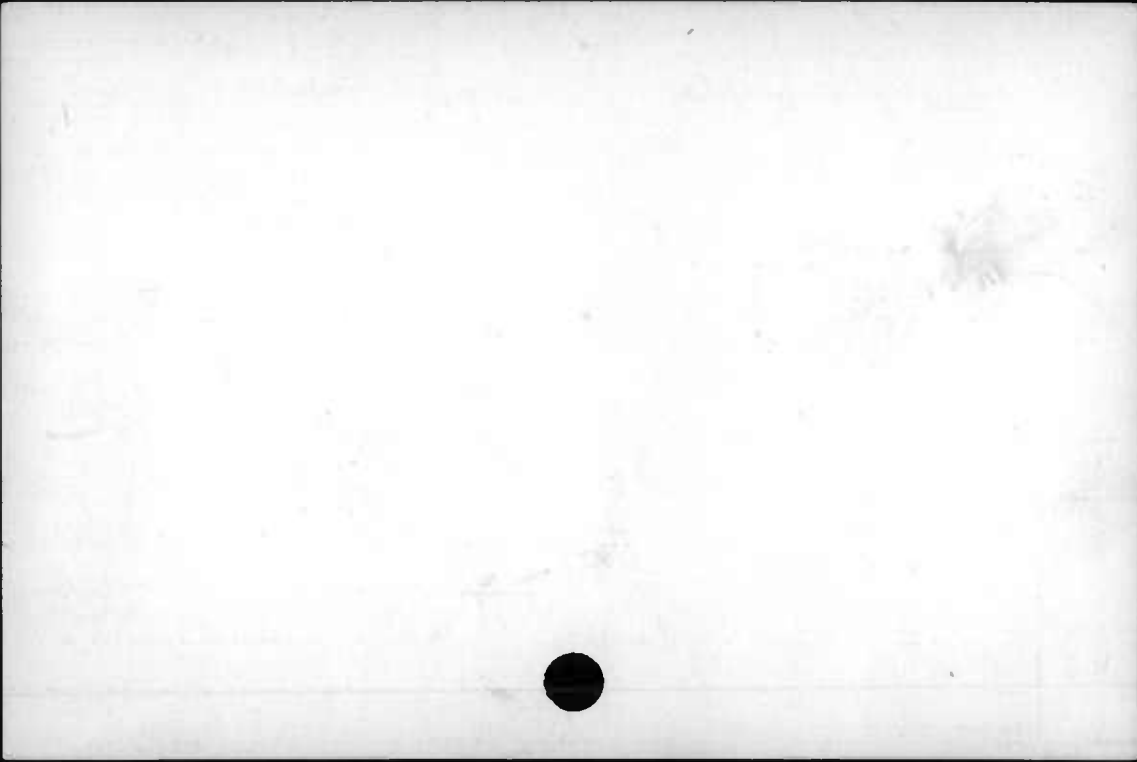
Died at		Town <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		11	3	52			
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Kent Island Md</i>	
Occupation	<i>House wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Robert E Cahall</i>				
Father's Name	<i>Wm Hopkins</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Elizabeth Bryan</i>				Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Mrs Mary Ann Cahall</i>				How related to deceased	<i>none</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>5 or 6 yrs</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Dr. Orville M. D.</i>	
Address		<i>Centerville</i>	
Accident or Suicide?		<i>no</i>	



Name  
in  
Full

Robert Emmitt Cahall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

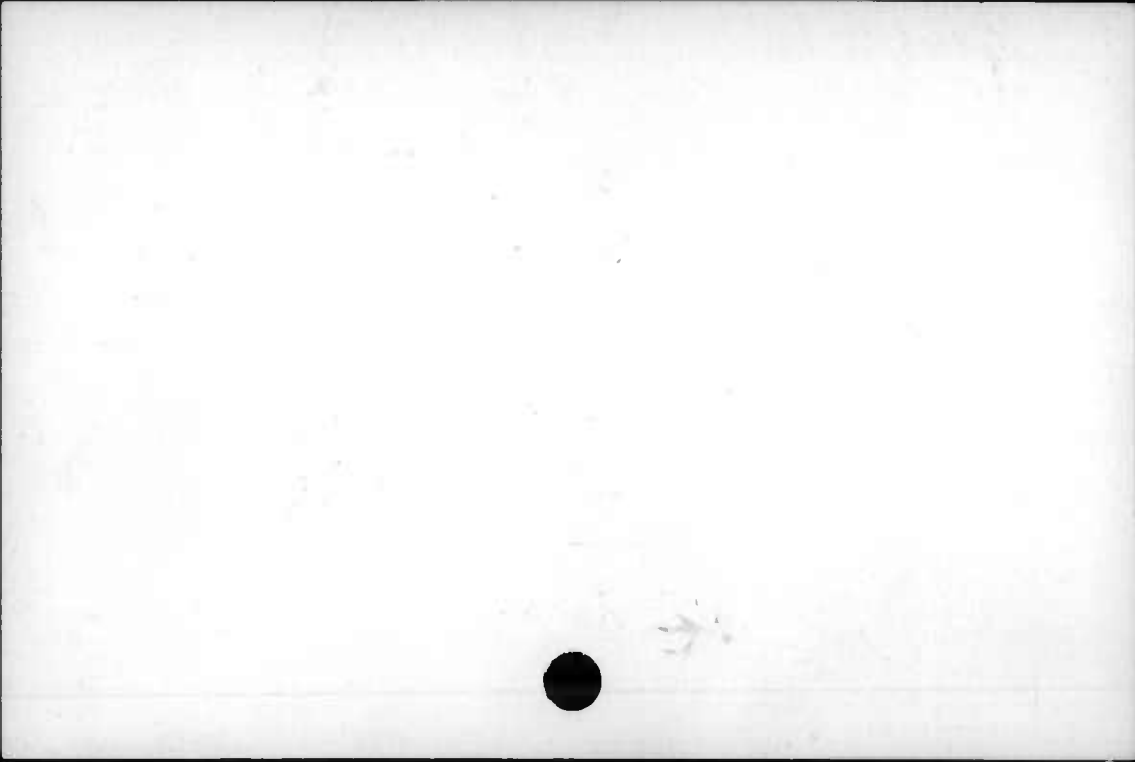
Died at <sup>Town</sup> <i>Cantonsville</i>		<sup>County</sup> <i>Queen Anne</i>		MARYLAND	
Date of death	1907	Month	11	Day	3
Age	75	Years		Months	11
				Days	24
Sex	<i>Male</i>		Color or Race	<i>American</i>	
Occupation	<i>Retired Farmer</i>		Birth-place	<i>Caroline Co Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Avis Gough</i>	
Father's Name	<i>James Cahall</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Betsy Row</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Mrs Avis Cahall</i>			How related to deceased	<i>Wife</i>

## CAUSES OF DEATH

18

PHYSICIAN  
OR CORONER

Primary	<i>Erysipelas</i>	How long	<i>6 days</i>
Immediate	<i>Pneumo-erysipelas</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Y/No</i>	Signature of Physician	<i>J. M. Orrance MD</i>
		Address	<i>Cantonsville</i>
Accident or Suicide?	<i>No</i>		<i>James Cahall MD</i>



Name  
in  
Full

Robt Duhammille Downes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

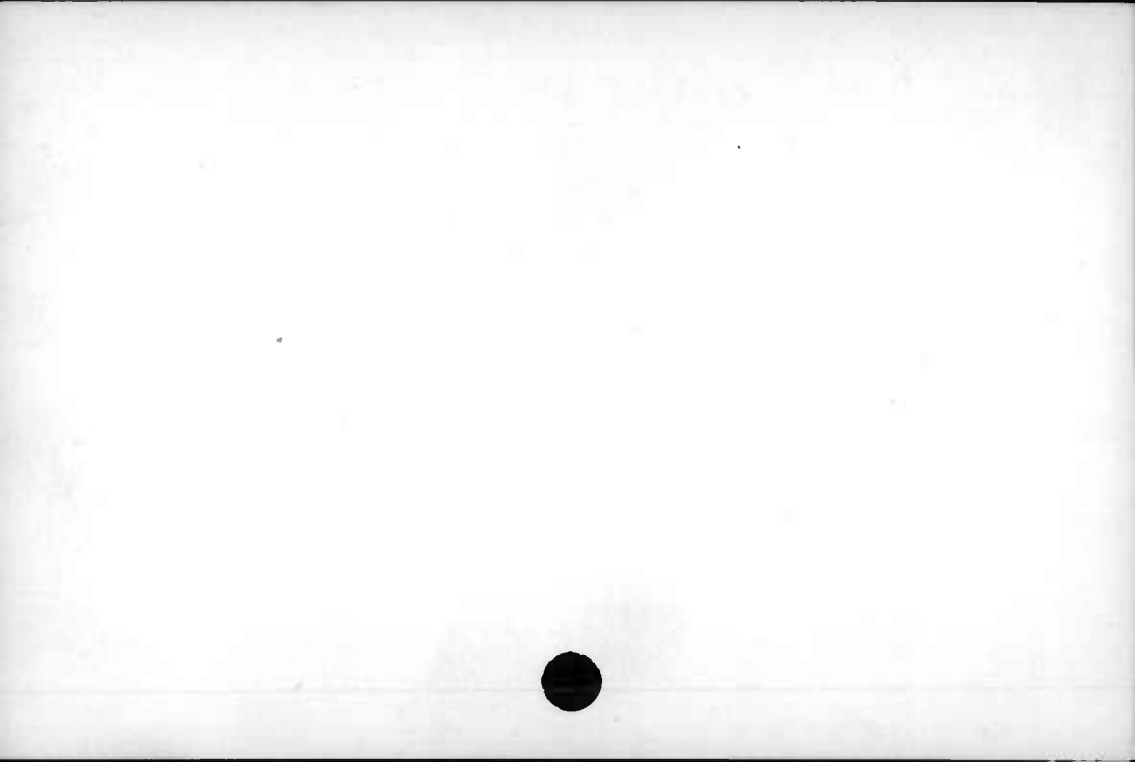
Died at		Town <i>Centreville</i>		County <i>Queen Anne</i>		MARYLAND		
Date of death		190	Month <i>11</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Centreville</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>				
Father's Name <i>J. Burton Downes</i>				Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Ledie Hayden</i>				Mother's Birthplace <i>Queen Anne Co.</i>				
Name of person giving information <i>J. B. Downes</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

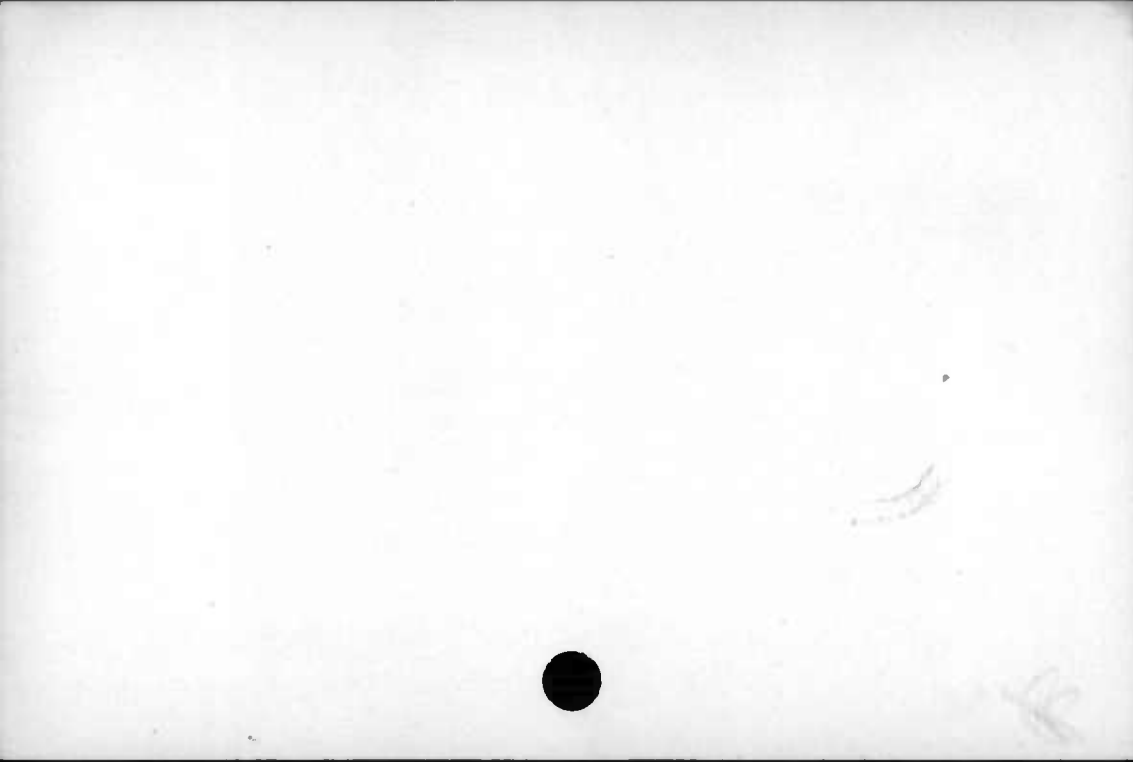
104

PHYSICIAN  
OR CORONER

Primary	<i>Acute Intestinal Indigestion</i>	How long	<i>4 days.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. F. Smith M.D.</i>
		Address	<i>Centreville</i>
			<i>Md.</i>
Accident or Suicide?			



Name in Full		Town		County		CERTIFICATE OF DEATH	
Unnamed Baby		Ruthsburg		Queen Anne		MARYLAND	
Died at		Date of death		Age		Months	
1907		Nov		23		—	
Sex		Color or Race		Birth-place		Days	
Male		White		Ruthsburg		—	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single		—					
Father's Name		Father's Birthplace				—	
Wm T Elbourn		Kent Co Ind				—	
Mother's Maiden Name		Mother's Birthplace				—	
Grace S. Hailton		Centerville Md				—	
Name of person giving information		How related to deceased				—	
Grace S Hailton		brother				—	
CAUSES OF DEATH							
Primary		How long				—	
Bronchitis of mother		151				3 minutes	
Immediate		How long				—	
Premature Birth		—				—	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		—	
—		—		Walter H. Gandy		—	
—		—		Address		—	
—		—		Ruthsburg		—	
—		—		Md.		—	
Accident or Suicide?		—					





Name  
in  
Full

Sarah Glascon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

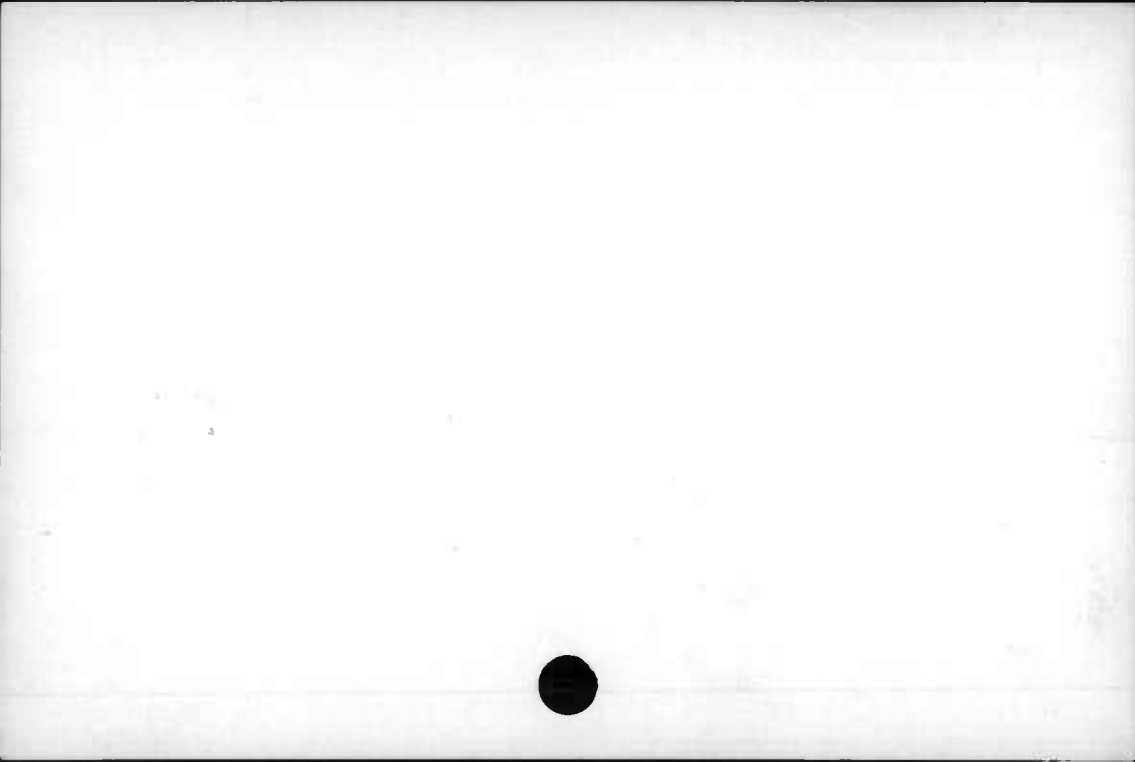
Died at <i>Stearnsville</i> <sup>Town</sup>		<i>Dumfries</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Nov</i>	Day	<i>3</i>
Age		Years		Months	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>		
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Jacob Glascon</i>			Father's Birthplace	<i>Kent Del Md</i>
Mother's Maiden Name	<i>Martha Stouts</i>			Mother's Birthplace	<i>Kent Del Md</i>
Name of person giving information	<i>Jacob Glascon</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

**100**

PHYSICIAN  
OR CORONER

Primary	<i>distention &amp; Thrush</i>	How long	<i>4 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. Henry Register</i>	
		Address	
		<i>Stearnsville</i>	
Accident or Suicide?			
<i>No</i>		<i>Dr. H</i>	



Name  
In  
Full

## CERTIFICATE OF DEATH

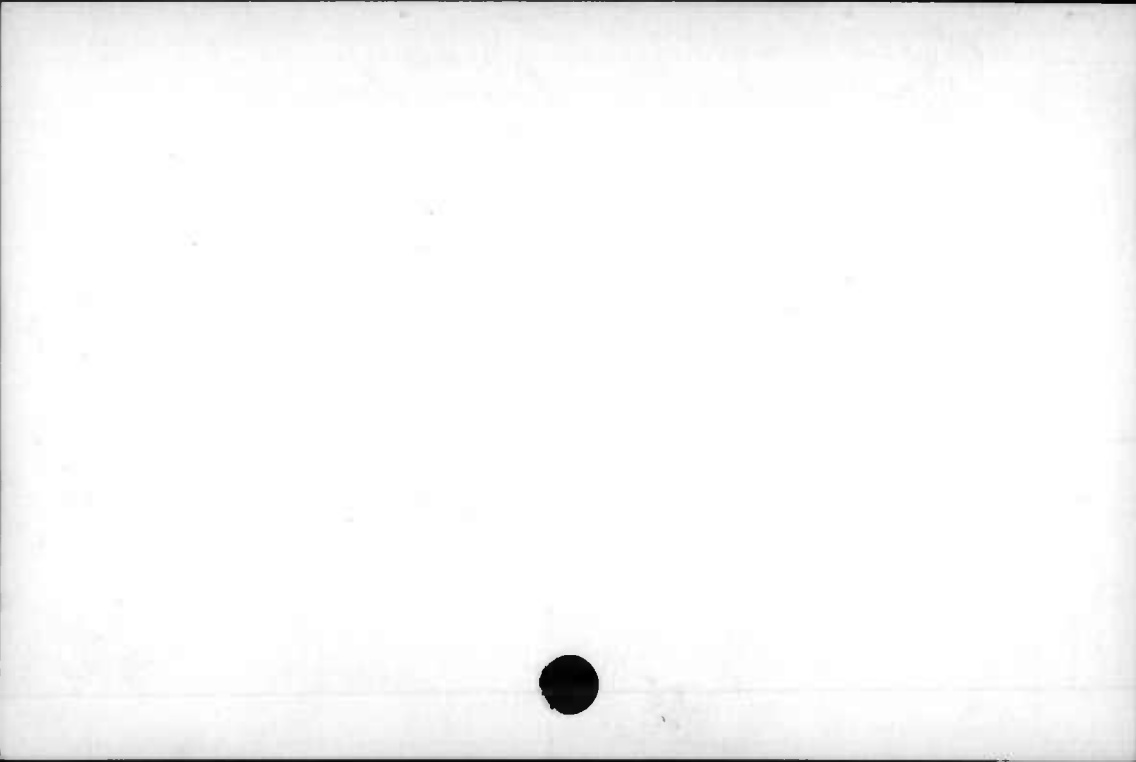
TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>John Hampton</i>		County <i>Q. a.</i>		MARYLAND	
Died at <i>Chester</i> Town		Date of death <i>1907</i>		Month <i>Nov</i>	Day <i>9</i>
Age <i>9</i> Years		Months <i>2</i>		Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Kent Island</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Kent Island Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Ogle Hampton</i>		Father's Birthplace <i>Kent Island Md</i>			
Mother's Maiden Name <i>Prucilla Thompson</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Wm H Legg</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>6 wks</i>
Immediate <i>Intestinal Perforation Hemorrhage</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C Percy Kemp</i>
	Address <i>Stevensville Md</i>
Accident or Suicide? <i>None</i>	



Name  
in  
Full

Not named

Stoyden

## CERTIFICATE OF DEATH

Died at Centerville

Town

Queen Anne's

County

MARYLAND

Date  
of death 190

Month

Day

Years

Months

Days

7 Nov

29

Age still born

Sex

Female

Color of  
Race

White

Birth-  
place

Centerville

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Edward G. Stoyden

Father's  
Birthplace

Centerville Md

Mother's  
Maiden Name

Lola Meredith

Mother's  
Birthplace

"

Name of person giving  
In formation

Dr. J. B. Bordley

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Still born

How long

Immediate

Delayed birth

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

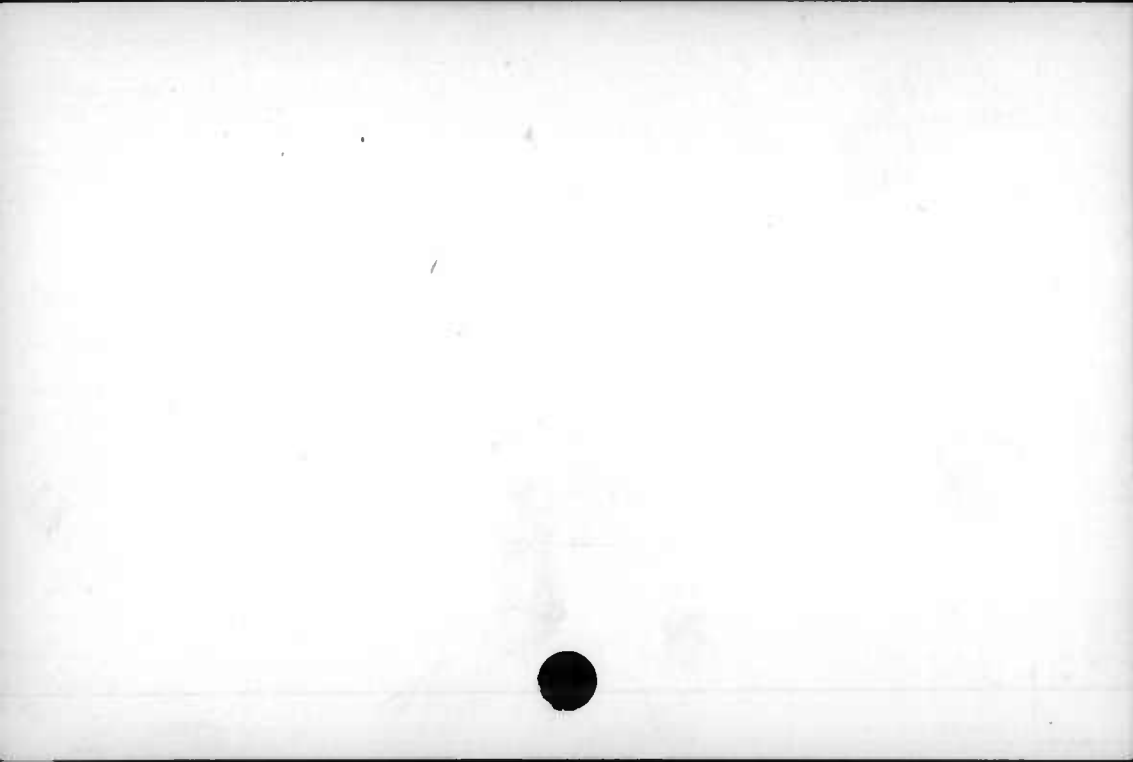
Signature of  
Physician

Address

J. B. Bordley M.D.  
Centerville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

No name.

Hunter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

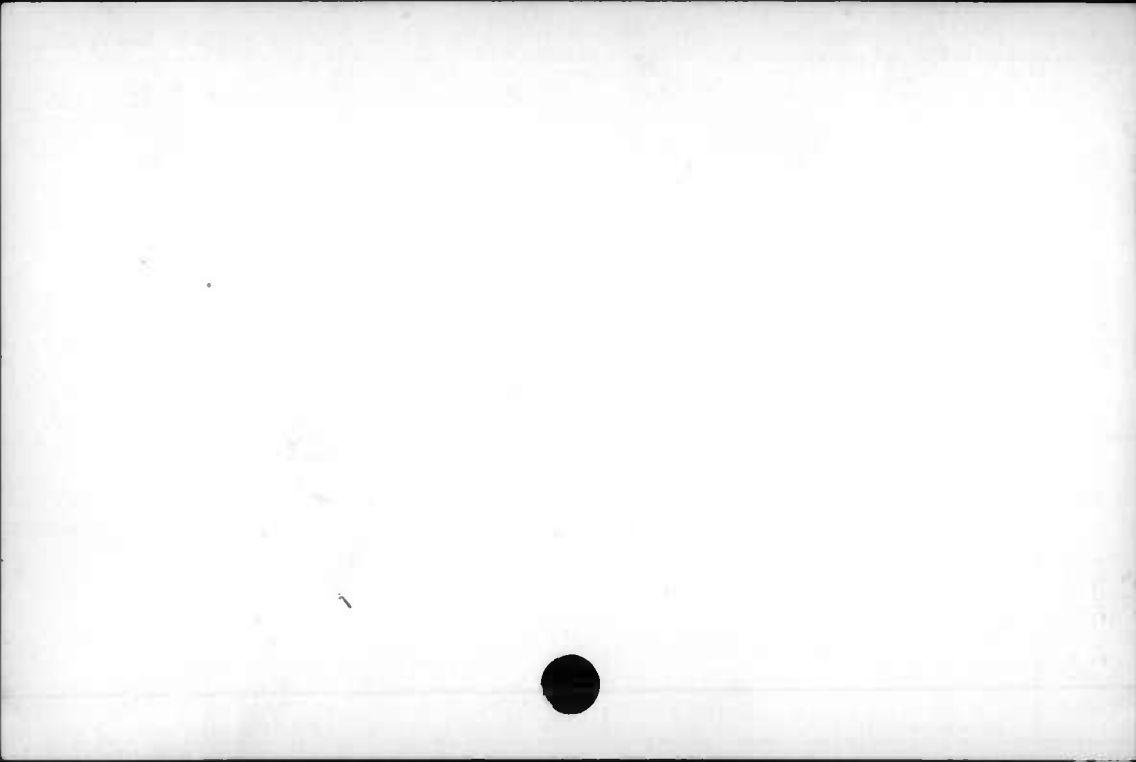
Died at <i>Mye Island</i> <sup>Town</sup>		<i>2 a.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>20<sup>th</sup></i>	Age <i>4</i> Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>2 a Co</i>	
Occupation _____		Where Residing if not at place of death <i>Mye Island</i>			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>W Frank Hunter</i>		Father's Birthplace <i>2 a Co</i>			
Mother's Maiden Name <i>Mollie Davis</i>		Mother's Birthplace <i>11 y</i>			
Name of person giving information <i>W F Hunter</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary	<i>any apparent cause</i> <i>died at night suddenly without</i>	How long	<i>Sudden</i>
Immediate	<i>Not Known</i>	How long	<i>Not Known</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Howard B. Hapkins</i>	
		Address <i>2 Chestnut</i>	
Accident or Suicide?		<i>M.D.</i>	





Name  
in  
Full

Walter Kinnaman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *near Myr Mills* <sup>County</sup> *Green Anne*Date of death *1907* <sup>Month</sup> *November* <sup>Day</sup> *8* <sup>Years</sup> *29* <sup>Months</sup> *3* <sup>Days</sup>Sex *Male* Color or Race *Caucasian* Birth-place *Near Greenston*Occupation *Farmer* Where Residing if not at place of death *Near Greenston*Married, Single or Widowed *Married* Name of Wife or Husband *Bessie Kinnaman*Father's Name *Lambert Kinnaman* Father's Birthplace *Talbot Co*Mother's Maiden Name *Mary Callahan* Mother's Birthplace *" "*Name of person giving information *Bessie Kinnaman* How related to deceased *Wife*

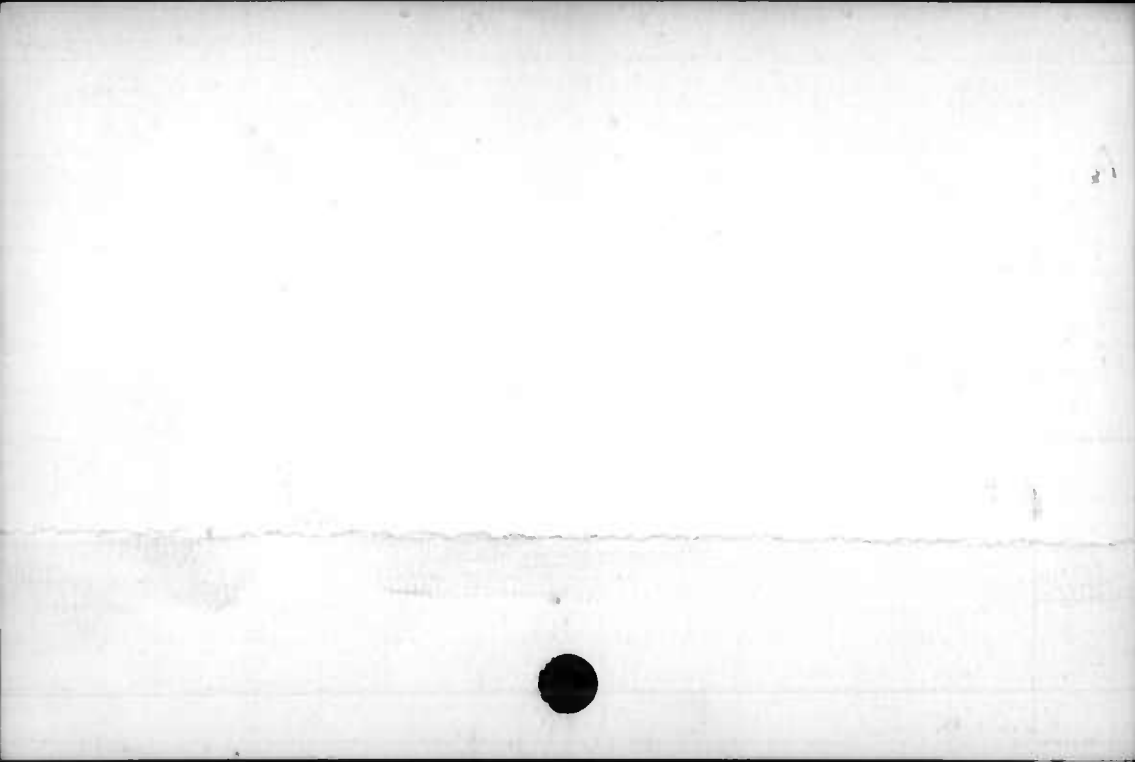
## CAUSES OF DEATH

50

Primary *Heart, Mellitus* How long from time known *Two months*Immediate *Same* How long *"*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Howard B. Hopkins*Address *Greenston**MD.*Accident or Suicide? *\_\_\_\_\_*



Name  
in  
Full

Richard Asbury Nichols

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Willoughby<sup>County</sup> Anne Arundel

MARYLAND

Date

of death 1907

Month 11

Day 17

Age

Years

Months 16

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Md.

Occupation

Child

Where Residing if not  
at place of death

Willoughby

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Howard Nichols

Father's  
Birthplace

Md

Mother's  
Maiden Name

Anne Carter

Mother's  
Birthplace

Md

Name of person giving  
Information

Howard Nichols

How related  
to deceased

Father

## CAUSES OF DEATH

119

Primary

Acute Nephritis

How long

60 days

Immediate

Dropsy

How long

30 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

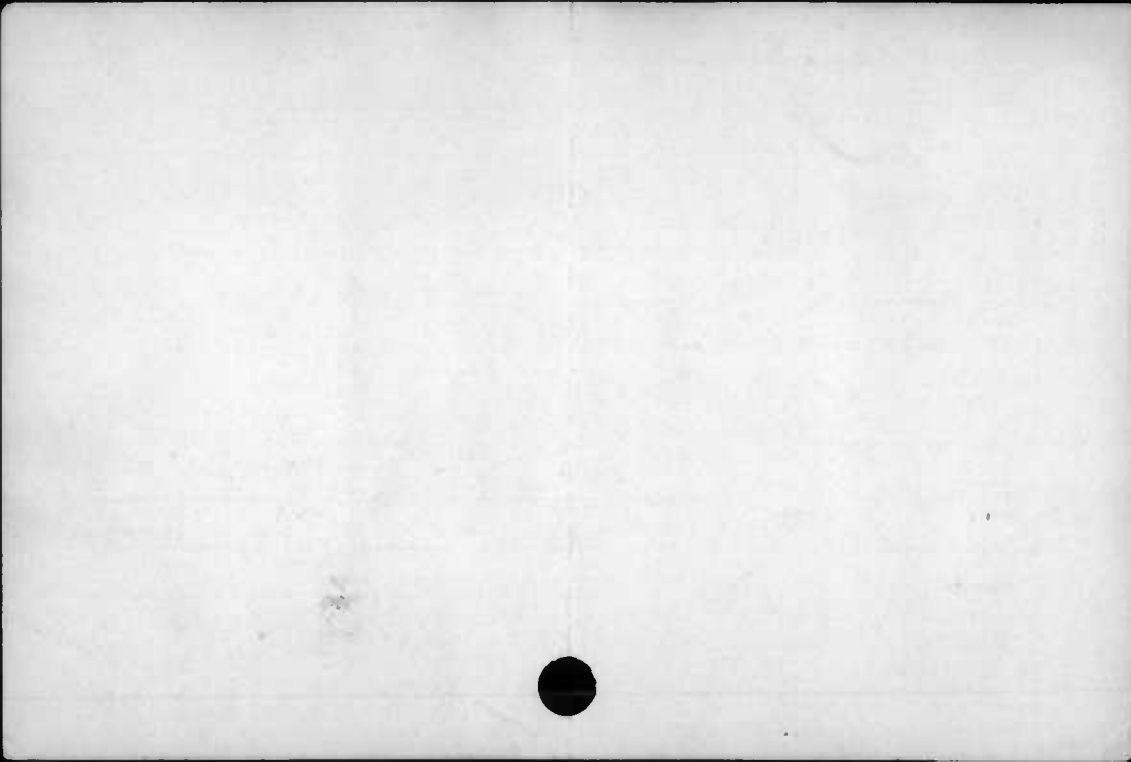
Signature of  
Physician

Address

J. S. Black, M.D.  
Wye Mills, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Franklin H. Powell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Baileys County Queen Anne **MARYLAND**

Died at Baileys

Date of death 1907 11 2 8 -

Month Day Years Months Days

Sex Male Color or Race Mullato Birth-place Md.

Occupation - Where Residing if not at place of death -

Married, Single or Widowed - Name of Wife or Husband -

Father's Name Randolph HarokineFather's Birthplace Md.Mother's Maiden Name Viola PowellMother's Birthplace Md.Name of person giving Information J. Charles PowellHow related to deceased Grandfather

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONERPrimary Gastro EnteritisHow long one month

Immediate

Are the name, age, sex, color, date and place correctly given above?

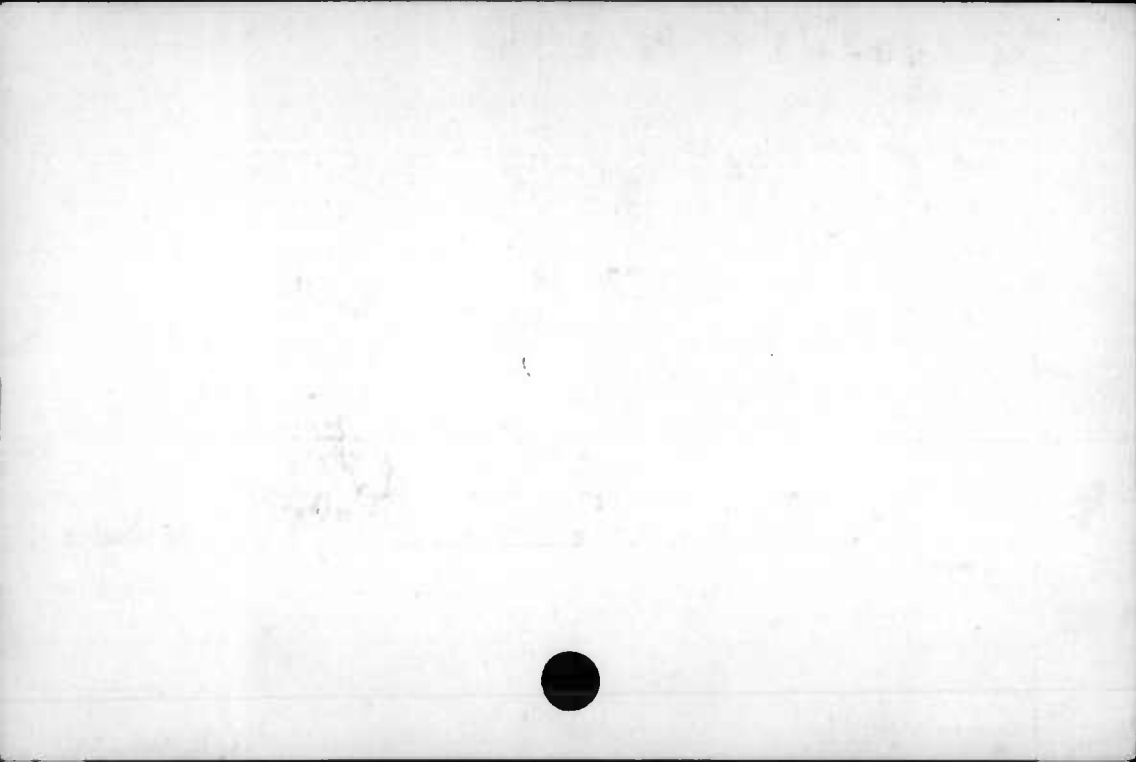
Yes

Signature of Physician

Address

J. R. Smith  
Sumnerville Md.

Accident or Suicide?



Name  
in  
Full

Philmore

Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stearnsville</u> <sup>Town</sup>		<u>Queen Anne</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Nov	Day	30
Sex	Male	Color or Race	Blk	Age	30
Occupation	Farm labor	Where Residing if not at place of death	Kent Co.		
Married, Single X Widowed	Name of Wife <u>Haney Green Robinson</u>				
Father's Name	Charles Robinson	Father's Birthplace	Kent Co.		
Mother's Maiden Name	Susan	Mother's Birthplace	" "		
Name of person giving information	Joe	How related to deceased	Brother		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Lobar Pneumonia	How long	3 Days
Immediate	Pericarditis	How long	3 Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. H. E. Hughes</u>	
		Address <u>Stearnsville</u>	
Accident or Suicide?			

0-70-10-16



Name  
in  
Full

Mrs. Maitha Ina Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

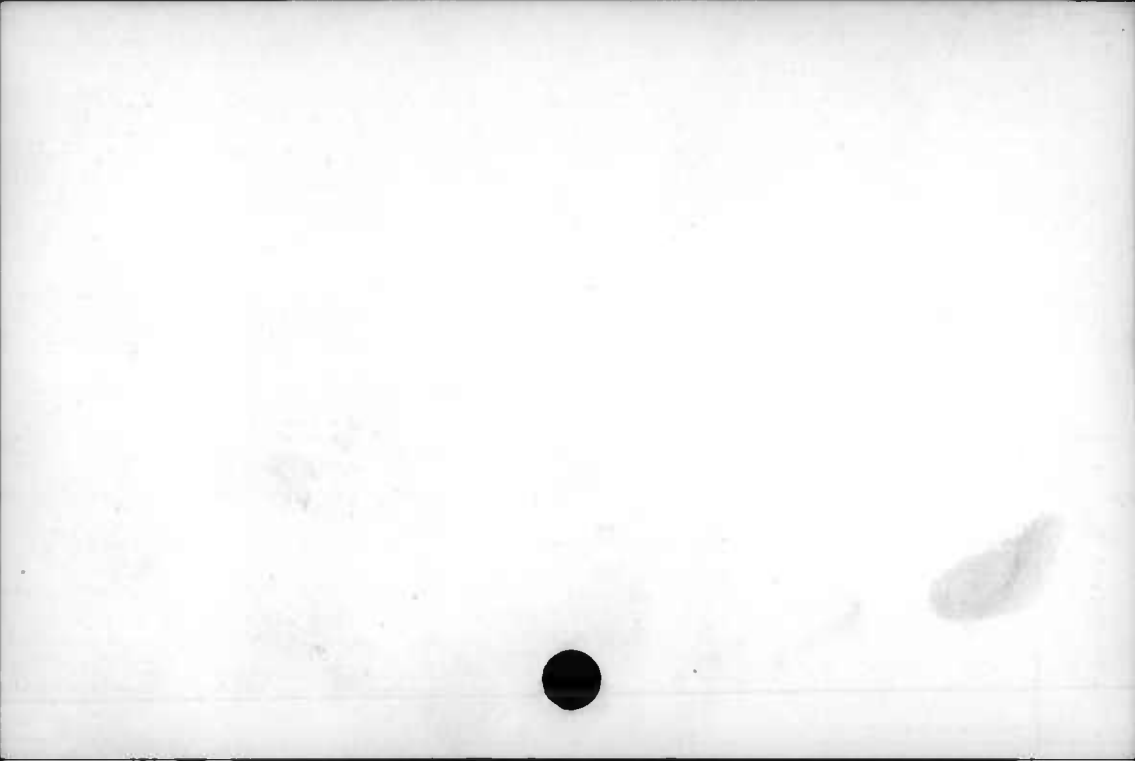
Died at <i>Cuthbert</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	11	Day	28
Age	48	Years		Months	—
Sex	Female	Color or Race	Caucasian	Birth-place	Maryland
Occupation	Housewife	Where Residing if not at place of death	Place of death		
Married, Single or Widowed	Married	Name of Husband	David P. Smith		
Father's Name	John C. Armstrong			Father's Birthplace	Del
Mother's Maiden Name	Norma Roberts			Mother's Birthplace	Del
Name of person giving information	Mrs. Fannie Cuccini			How related to deceased	Sister

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	<i>Arterio Sclerosis</i>	How long	<i>3 yrs</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. Crawford</i>
		Address	<i>Cuthbert</i>
Accident or Suicide?	<i>no</i>		<i>ms</i>



Name in Full		Thomas Stevens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Sudlersville		County Queen Anne's		MARYLAND	
	Date of death	1907	Month Nov.	Day 4 <sup>th</sup>	Age 70	Years 11	Months 0
	Sex	Male		Color or Race	white		Birth- place
	Occupation	Farmer		Where Residing if not at place of death		Millington, Md	
	Married, Single or Widowed	Married		Name of Wife or Husband		Annie M. Stevens	
	Father's Name	Wm. Stevens		Father's Birthplace		Millington, Md	
	Mother's Maiden Name	Annie Bramble		Mother's Birthplace		D. A. Co.	
Name of person giving In formation	Annie L. Sparks		How related to deceased		Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Apoplexy				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				Foster Suckles Sudlersville, Md			

64

